



St. Helen Catholic Parish
5510 West Cholla Street, Glendale, AZ 85304
623-979-4202 Fax 623-412-1226
www.sthelenglendale.org

GODPARENT/SPONSOR ELIGIBILITY **For an Infant through Age 6**

To be completed by the Catholic Godparent/Sponsor

Email Documentation to kkennedy@sthelenglendale.org

GODPARENT/SPONSOR INFORMATION

First Name _____ Last Name _____ Contact # _____
Mailing Address _____ City _____ State _____
Email: _____ Country _____ Zip Code _____
Person to whom I will be Godparent/Sponsor: _____ Age of Person _____

In accepting this responsibility, I can truthfully state the following:

- ☐ **I am a practicing Roman Catholic in both word and deed.**
- ☐ **I am a fully initiated Catholic.** (Please submit a copy of your Baptismal Certificate, complete with notations of your reception of the Sacraments of Confirmation and Eucharist. Email documentation to kkennedy@sthelenglendale.org)
- ☐ **I attend Mass:**
_____ weekly; _____ twice a month; _____ monthly; _____ occasionally; _____ do not really attend Mass.
- ☐ **I am at least 16 years of age.**
- ☐ **I am:** _____ Single; _____ Married; _____ Widowed; _____ Divorced
- ☐ **If married, were you married in the Catholic Church?** _____ Yes _____ No *If yes, what year?* _____
(Please submit a copy of your Baptismal Certificate, complete with notation of your reception of the Sacrament of Matrimony. Email documentation to dduran@sthelenglendale.org)
- ☐ **I am not cohabitating** (living with significant other/boyfriend/girlfriend).

Statement of Godparent/Sponsor

I recognize that in accepting the role of Godparent/Sponsor, I become responsible to be a model and example of faith to the newly Baptized/Confirmed as a committed and active Catholic and to be a support in the practice of our mutual faith. I hereby assure that I am committed to my Catholic faith, that I am myself baptized and confirmed in it, and that I meet my fundamental obligations as a Catholic by participating in Sunday Mass, by receiving the Eucharist as often as possible and Penance as necessary, by being open to the Word of God as revealed in Sacred Scripture and taught by the Church, by witnessing to the values of the Gospel of Jesus Christ, and by seeking to be of service to others for love of Him.

Signature of Catholic Godparent/Sponsor

Date Signed

Name of Your Home Parish _____
Address _____ City _____ State _____ Zip _____

Pastors must ascertain the spiritual qualifications of Godparents/Sponsors.



Signature of Pastor or Delegate

Date: _____ / _____ / _____



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GODPARENT/SPONSOR ELIGIBILITY

Age 7 through Adult

To be completed by the Catholic Godparent/Sponsor

Email Documentation to dduran@sthelenglendale.org

GODPARENT/SPONSOR INFORMATION

First Name _____ Last Name _____ Contact # _____
Mailing Address _____ City _____ State _____
Email: _____ Country _____ Zip Code _____
Person to whom I will be Godparent/Sponsor: _____ Age of Person _____

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- ☐ **I am a fully initiated Catholic.** (Please submit a copy of your Baptismal Certificate, complete with notations of your reception of the Sacraments of Confirmation and Eucharist. Email documentation to dduran@sthelenglendale.org)
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_____ weekly; _____ twice a month; _____ monthly; _____ occasionally; _____ do not really attend Mass.
- ☐ **I am at least 16 years of age.**
- ☐ **I am:** _____ Single; _____ Married; _____ Widowed; _____ Divorced
- ☐ **If married, were you married in the Catholic Church?** _____ Yes _____ No *If yes, what year?* _____
(Please submit a copy of your Baptismal Certificate, complete with notation of your reception of the Sacrament of Matrimony. Email documentation to dduran@sthelenglendale.org)
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Signature of Catholic Godparent/Sponsor

Date Signed

Name of Your Home Parish _____
Address _____ City _____ State _____ Zip _____

Pastors must ascertain the spiritual qualifications of Godparents/Sponsors.



Signature of Pastor or Delegate

Date: _____ / _____ / _____